

Advice about Typhoid Fever.

ISSUED BY THE STATE DEPARTMENT OF HEALTH OF MAINE.

We have very much less typhoid fever in Maine than we had twenty years ago, but we must cut down the death-rate from this disease even more. Read this circular, remember it, and help!

Source of Infection.

The source of infection is the intestinal and bladder discharges from persons who are sick with typhoid fever or who are so-called healthy "carriers." We get the infection by eating or drinking particles of infectious material from those discharges.

How Infection is Spread.

These are some of the ways in which the infection gets into the mouth so as to be swallowed:

(1) The hands of the nurse or other person caring for the sick one may carry the infection to her own lips, or may infect her own food or that for other persons; (2) the sources of water supplies become polluted so that infection may be received through drinking water; (3) milk is often the medium through which typhoid fever infection may be received, and other foods which have been handled by persons who have recently had typhoid fever, or who come from places where typhoid fever is present, may also be infected; (4) by "carriers" as above noted.

Prevention.

It should be remembered that typhoid fever may be taken directly from the patient just as diphtheria or scarlet fever is taken. For the prevention of the further spread of typhoid fever after a case has occurred in a home, the following twelve rules should be put into practice.

Rule 1. All discharges from the patient should be disinfected promptly and thoroughly. This disinfection should be begun with the first suspicious symptoms and should be continued late. A quantity of the disinfecting solution three or four times as large as the bulk of the discharges should be poured over them and left three or four hours after thorough stirring and mixing. Your doctor and the board of health will advise.

A surer way is to carry out the vessel and mix with the discharges eight or ten times their bulk of boiling water. Keep from rapid cooling.

Or, put into the vessel a teacupful of fresh, unslaked lime; then pour over it a pint or a quart of boiling water, and mix well. Cover and keep from cooling.

Rule 2. Persons who are caring for typhoid fever patients should be extremely careful to wash very thoroughly and to disinfect their hands after they have attended to the wants of the patient. There is great danger of the spread of infection by means of infected fingers.

Rule 3. Very great care should be taken to prevent the soiling of the personal clothing and of the bedding of the patient. The mattress

should be protected by a rubber blanket. Any clothing which is soiled by the discharges from the patient should promptly be removed and put into a disinfecting solution. Many nurses who attend typhoid fever patients contract the disease. They are endangered, not only by infection carried upon their fingers, but by that which arises as dust from the clothing and bedding of the patients which have been soiled and then dried.

Rule 4. The patient should have cups, spoons, and all other eating utensils for his exclusive use. They should be washed in, or close to, the sick-room and their general use should not be resumed until they have been thoroughly scalded in boiling water.

Rule 5. Nothing should be eaten by attendants in the room which is occupied by a typhoid fever patient. There would be much danger of swallowing infection while partaking of the food. All remnants of the food brought to the sick-room for the use of the patient should be promptly burned.

Rule 6. Many serious outbreaks of typhoid fever are due to milk which has been infected with the germs of that disease. A few typhoid germs introduced into milk by the foot of a fly, or by the fingers of a person who has been near a case of typhoid fever, or by anything which comes from the patient, finds milk so good a culture medium that the few germs may very quickly become thousands. Boiled or mashed potato also serves as a medium for the rapid growth and multiplication of the bacteria of typhoid fever. These facts make it clear that the food and drink for a household in which there is a case of typhoid fever should be heated up just before it is served.

Rule 7. The sick-room should be carefully screened, and flies should be rigorously banished. If any gain access to the room, they should be promptly killed with a swatter kept on hand for that purpose.

Rule 8. Flies should be banished, not only from the sick-room and from the other rooms of the home, but there should be very great care to have the privy so built and so cared for that flies may not enter the privy vault so as to be distributors of infection. Flies play a dangerous part when typhoid fever has entered the home.

Rule 9. Even after the discharges from the patient are thoroughly disinfected, there cannot be too great care in the final disposal of them so that there may be no possibility of the pollution of the water of any spring, well, brook, or other source of water supply.

Rule 10. Unnecessary persons should not be allowed to visit those who are sick with typhoid fever, for, when trained nurses under hospital regulations, very often take typhoid fever, we may safely say that there is much greater danger of other visitors taking the disease.

Rule 11. Typhoid fever, formerly a severe scourge during military operations and in military encampments, has been practically banished from our army and from the military and naval forces of some other countries by means of protective inoculation. The typhoid vaccine has proved so valuable that there should be no hesitation in civil practice in using it much more freely than it is now used. Nurses and travellers and others who are especially exposed to the danger from typhoid fever should be protected by it. Such typhoid prophylactic may be obtained free of charge from the State Department of Health.

Rule 12. In addition to the work of disinfection which should be carried on during the whole course of the disease, a careful disinfection of the room, bedding, clothing, and other things which have been occupied by the patient or used by him, should be done under the direction of the local board of health.

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